NUTRITION AND DIETETIC NEEDS STUDY

91-07109/

TABLE OF CONTENTS

EXECUTIVE SUMMARY i

TERMINOLOGY iii

1.0 **INTRODUCTION** 1

1.1 Terms of Reference 1
1.2 Methodology 2
1.3 Historical Perspective 3

2.0 **FINDINGS** 6

2.1 Overview 6
2.2 Accessibility and Availability of Service 7
2.3 Coordination 8
2.4 General Population vs. Targeting 8
2.5 The Aging Population 10
2.6 Technology 11
2.7 Staff Development 11
2.8 Marketing 12
2.9 Home Care 12
2.10 Public Health 13
2.11 Changing Role of The District Home Economist 13
2.12 School Education 14
2.13 Other Identified Gaps 16
2.14 Increased Demand of Acute Care Services 17
2.15 Coordination of Acute Care Services 18
2.16 Worried Well 19
2.17 Private Service 19

3.0 **CONCLUSION** 21

4.0 **RECOMMENDATIONS**.....22

REFERENCES.....28

APPENDICES.....

THE NUTRITION AND DIETETIC NEEDS STUDY COMMITTEE

MEMBERS:

Judy Lougheed (Chairperson)
Hospital and Health Services Commission

Betty Newson
P.E.I. Dietetic Association

Carolyn Villard
P.E.I. Hospital Association

Peter Ramsay
Small acute care facilities

Frank Zakem
Consumer representative

Dr. C. Veale
Medical Society

Sandra Bentley
Department of Health and Social Services

RESOURCE:

Susan MacKenzie
Administrative Trainee

EXECUTIVE SUMMARY

The Prince Edward Island Dietetic Association recognized the need to assess the present and future needs for nutrition and dietetic services on Prince Edward Island.

A Nutrition and Dietetic Needs Study Committee was established by the Hospital and Health Services Commission with representation from the Department of Health and Social Services, the P.E.I. Hospital Association, the P.E.I. Dietetic Association, the P.E.I. Medical Society, the small acute care facilities and the consumer population. A Project Officer was assigned to the Committee.

The Committee requested submissions from health related organizations and the community at large. It discussed and reviewed the many complex issues impacting on the delivery of nutrition and dietetic services in the Province.

A recurring theme in many of the discussions was the need for availability and accessibility to nutrition and dietetic services. Some specifically targeted groups of the Island population can presently access these services. However, there is little provision for school age children, teenagers, the well adult population between 20 and 65 years of age, and the elderly living in the community.

The Committee worked within the premise that nutrition plays an important role for an individual's well-being and that many nutritional needs are not being met. Improved educational opportunities could create the awareness of nutrition as well as provide information for those who are presently seeking it.

The Committee concluded that the greatest need is in the area of community public health nutritional services. It is important to impact on the greatest number of the Islanders with the least amount of resources. The Committee concluded that coordination of present resources in both institutional and community based services could alleviate some of the existing gaps, duplications and problem areas.

The Committee recommended that additional resources be added to the Department of Health and Social Services for a Nutritionist to work in the area of community health, that a Dietetic Coordinator be employed for acute care facilities, and that a coordinating committee be established for nutrition and dietetic services on Prince Edward Island.

TERMINOLOGY*

Clinical Dietitians

Specialists in therapeutic nutrition responsible for the nutritional support and education of patients, residents or individuals in the community.

Administrative Dietitians

are members of a management team responsible for the direction of a food service system, providing optimum nutritional care through quality food.

Community Nutritionists

are dietitions who assess, plan, coordinate, deliver and evaluate nutrition programs including counselling, education and health promotion.

*Source: P.E.I. Dietetic Association.

The terms nutritionists and dietitian are used interchangeably throughout this document.

1. INTRODUCTION

The P.E.I. Dietetic Association approached the Hospital and Health Services Commission in June of 1988 to request that a comprehensive study be carried out on the present and future needs of nutrition and dietetic services in Prince Edward Island.

1.1. TERMS OF REFERENCE

i. To review the background, present status, current issues, and trends affecting nutrition and dietetic services on Prince Edward Island.

ii. To determine the requirements for nutritional and dietetic services and personnel to meet the present and future needs identified across the Province.

iii. To recommend a process for the coordination, evaluation, and monitoring of the delivery of nutrition and dietetic services.

iv. To submit a report to the Hospital and Health Services Commission for forwarding to the appropriate Ministries for follow through.

1.2 METHODOLOGY

In an effort to fully appreciate all aspects of the issues in question, a committee was established with representation from the following agencies: The Department of Health and Social Services, the Hospital and Health Services Commission, The P.E.I. Medical Society, The P.E.I. Dietetic Association, and The P.E.I. Hospital Association. The Committee also included a representative from the smaller acute care facilities, a consumer representative and the Project Officer.

The following sources of information were pursued which resulted in the recommendations submitted:

- Background information was gathered on nutrition and dietetic services within both communities and hospitals across the Province.

- Requests for submissions from the general public appeared in all local newspapers.

- Written requests for submissions were solicited from health-related organizations in Prince Edward Island.

- Information collection was carried out by a series of interviews and meetings.

- Interested groups and organizations presented oral briefs and appeared before the committee to discuss written submissions.

- Current issues and trends were examined that might affect nutrition and dietetic services.

1.3 HISTORICAL PERSPECTIVE

The first professional dietitian employed in the Province of Prince Edward Island was in 1928 at the Provincial Sanatorium. Gradually dietitians were employed by other acute care facilities across the province. By the mid 1940's dietitians were employed in the Prince Edward Island Hospital, the Charlottetown Hospital and Prince County Hospital concentrating their services in the areas of administration and therapeutic diets. In the early 1970's the Hospital and Health Services Commission hired a Dietetic Consultant; this position provided dietetic consultation services to the smaller acute care facilities who did not have the services of a dietitian at this time. By 1986 all of the smaller acute care facilities had acquired the services of a dietitian on a part-time basis.

In 1982 the Prince Edward Island Hospital and the Charlottetown Hospital amalgamated to become the Queen Elizabeth Hospital. Each of the previous hospitals employed one full time dietitian for both administrative and clinical duties. The Queen Elizabeth Hospital now provides both inpatient and outpatient diet counselling, food service administration and a Dietetic Internship Program.

The Department of Social Services in 1970-71 recognized the need for nutritional services for it's clients and hired one community nutritionist. The Department's nutritional program was modelled after the Montreal Diet Dispensary where direct counselling techniques appropriate to low income and socially disadvantaged families became the focus. Since that time the Nutrition Services focus has evolved into the present mandate which is priorized as follows: firstly, for nutritionally high risk pregnant women; secondly, infants of families referred by staff of the Department of Health and Social Services (formerly the Department of Health

and the Department of Social Services); thirdly, foster and adoptive parents with infants, and people with specific medical conditions requiring nutrition counselling. The secondary responsibility of Nutrition Services is in consulting with and education of staff from the Department, staff of other government departments, and the general population of Prince Edward Island.

In 1989 Nutrition Services employs dietitians (Community Nutritionists) in five regional areas across the Province - O'Leary, Summerside, Charlottetown, Montague and Souris - with some positions being shared between the Department of Health and Social Services and the smaller acute care facilities.

Since 1972 dietetic services have also existed in the Department of Health and Social Services within the Division of Aging and Extended Care. This service began with a Dietetic Consultant hired to provide dietetic services to the six government-owned nursing homes and to provide for the needs of the elderly on Prince Edward Island. In 1975 it became apparent that facilities would benefit from an in-house dietitian and over the next few years positions were created to accommodate these needs. Today the Division of Aging and Extended Care directly oversees the operation of nine long-term care facilities and is responsible for the licensing of twenty-four community care facilities and nine private nursing homes.

A Diabetes Education Center was established in 1973 in the Charlottetown area, with a Registered Nurse and a professional Nutritionist/Dietitian who play a large role in the nutritional education of diabetes patients across the Province. A second center opened in Summerside in 1977. These centers are funded by the Department of Health and Social Services. Courses are provided on a monthly basis designed to help people and their

families cope with diabetes. The centers also offer courses in four other communities throughout the Province - Alberton, O'Leary, Montague and Souris.

District Home Economist positions were established in the five District Offices of the Department of Agriculture in the early 1970's. Three additional positions were created about this time in central office to set up programming for the Regional Home Economists. These three new positions included a Food and Nutrition Specialist, A Clothing Specialist and a Family Management Specialist. The following years led to program reorganization and these three positions were abolished.

In 1987 the role of the five District Home Economists changed to establish Extension Marketing Representative positions. This resulted in a new primary focus of marketing Prince Edward Island commodities and secondarily, nutrition information.

Nutritionists/dietitians are presently employed in the areas outlined in Appendix 4A and 4B.

2. FINDINGS

2.1 PREVENTATIVE HEALTH

One of our national health challenges, according to the Honorable Jake Epp's 1986 paper, "Achieving Health for All," is the prevention of chronic disease.[1] Poor nutrition increases the risk of chronic disease. Canada, and especially the Province of Prince Edward Island, is and will continue to be, taking on the challenge to promote a healthy lifestyle through increased exercise, reduced smoking, a clean environment and, of greater concern in this report, improved nutrition for all. Although health promotion programs are on the rise, the health care system in Prince Edward Island today is still geared to, for the most part, the sick and injured. Nutritional information as a preventative tool has not been incorporated into the health care system to any great extent.

Since "Achieving Health for All" was released in 1986 the Federal Government has attempted to shift the focus to prevention through a coordinated approach to health care. For example, a new strategy on drug abuse was a collaborative process of the following departments: Fitness and Amateur Sport; the Solicitor General; Ministry of Justice; the RCMP; the Ministry Responsible

---

1. Health and Welfare Canada. Achieving Health for All: A Framework for Health Promotion, Ottawa: Health and Welfare Canada, 1986.

for Youth; the Departments of External Affairs; Customs and Excise; Indian Affairs and Northern Development; Transport; National Defense; and Health and Welfare.[2] Other examples would include: national programs to reduce tobacco use and reduce impaired driving, a Heart Health Program, and revised nutrition recommendations for Canadians. These and other programs are working to achieve health for all in Canada. The concern is that each province has the same objective, and in order to get the maximum benefits at minimum cost it has been suggested that a national nutrition education program might best be coordinated at the Federal Government level. This effort could be supported and promoted by the Provincial Government representative on the Federal/Provincial Nutrition Committee.

2.2 ACCESSIBILITY AND AVAILABILITY OF SERVICES

The general public is becoming more aware of the relationship between nutrition and good health. The major concern raised to the Committee was the accessibility and availability of nutrition and dietetic services. Some specifically targeted groups in the overall population presently have accessibility to nutrition and dietetic services; however, a large portion including school age children, teenagers and the adult population in general have expressed difficulty in obtaining the services of a nutritionist or dietitian. The lack of accessibility and availability of services has created gaps which contribute to the escalating demands on hospital outpatient services.

---

2. B.C. Ministry of Health. Health Promotion, A Dynamic for Change, Victoria: B.C. Ministry of Health, March 1989.

2.3 COORDINATION

Many of those interviewed expressed the belief that a lot of improvements are possible within the present system with increased coordination of the nutritional and dietetic services. This lack of coordination was expressed as an area of major concern. A provincial link between all government department services and the acute care facilities was suggested as the best form of coordination.

2.4 GENERAL POPULATION VS. TARGETING

Dietitians and nutritionists are employed by the Department of Health and Social Services in three areas:

(i) Nutrition Services
(The Division of Special Services/Child and Family Services with the primary focus on prenatal, infant and preschool children)

(ii) Division of Aging & Extended Care
(primary focus on the institutionalized elderly)

(iii) Diabetes Education Center
(Division of Nursing with the primary focus on diabetes patients)

Nutrition Services plays a key role in health promotion and prevention, focusing primarily on prenatal, infant and preschool needs. The nutrition program is designed to assist these specific target groups meet their nutritional requirements for growth, activity, reproduction and lactation. A secondary component involves consultation, education and training in nutrition and dietetics. The program consists of six full time equivalent nutritionist/dietitians.

The argument has been raised that the Provincial Department of Health and Social Services, Nutrition Services Program should be less focused and, therefore, implement a broader community health mandate to fill some of the identified gaps in nutrition services. The other side of this argument is that a service that is known to produce excellent results is better than spreading services so thin that no effect is felt.

Nutrition Services within the Department of Health and Social Services has been receiving an increased demand for nutrition services and are presently attempting to meet the varying needs. These demands, however, cannot be met within the existing financial and human resources without a resultant deterioration in the maternal, infant and preschool programs.

A similar argument has been raised for the services provided by Aging and Extended Care and Diabetes Education Centers - specialized, target groups receiving nutritional and dietetic services.

2.5 THE AGING POPULATION

Prince Edward Island's aging population continues to increase, with approximately 16,000 senior citizens of whom about 1,500 are presently institutionalized. According to a Canadian Census in 1986, in the next 45 years the senior population in Canada is expected to triple in size. The Division of Aging and Extended Care has expressed concern with the projected increase in the elderly population. Presently 12.7% of the Island population are 65 years and by 1996 this figure will increase to 13.4% of the total population. Additional concerns were raised that presently 5.4% of that total population are 75+ which has created an increasing demand on the health care system, and by 1996 this will increase to 6.6% of the total provincial population. The Division presently employs six dietitians and three home economists in the nine government owned facilities on Prince Edward Island.

The Division of Aging and Extended Care has further stated that the dietitians and home economists positions are predominantly administrative with limited involvement in the community and in clinical dietetics. The real gap identified in dietetic services within the homes and manors is a lack of trained support staff to assist in administrative duties. This concern was also raised with other institutional dietitians across the Province.

The 14,500 seniors who remain in the community have no access to nutrition services. The "cooking food for one" syndrome, according to the report of the Souris Hospital Task Force on Eldercare, May 1989, has brought about a serious problem of malnutrition in this population group.

2.6 TECHNOLOGY

The dietitians and nutritionists in the Province feel computer technology could increase their effectiveness and efficiency in the delivery of services to the Prince Edward Island population. Much work is done in other provincial dietetic/nutritional departments in the area of diet/nutrient analysis, management of therapeutic diets, recipes, etc. However, in this province dietitians and nutritionists presently do not have the required computer technology to carry out these necessary functions. Statistical reporting varies from service to service. Accurate statistics for comparative purposes do not exist to assist in the planning and development of nutritional and dietetic services.

2.7 STAFF DEVELOPMENT

Educational opportunities for staff could improve nutritional/dietetic services in the acute care facilities. The dietitians from the five smaller facilities having difficulty in meeting time demands for inpatient and outpatient services are reluctant to take the time for a full day or two in continuing education from their part-time position. Nutrition information is becoming more advanced and the importance of continuing education to Island dietitians has been identified as a need. More specialized skills are being required for hospital dietitians with a broader range of sophisticated services. An increase in funding and time would be required to improve the education and training component of dietetic and nutritional services.

Hospital dietitians have identified a need for in-service to other health professionals and dietary staff; again due to part-time positions, sufficient time is not available for the appropriate planning required to provide in-service education.

2.8 MARKETING

Dietitians on Prince Edward Island have expressed a need to develop or obtain expertise in the field of marketing. To compete with the mixed media messages that exist today, a good nutritional message will require sophisticated marketing. A combination of marketing and nutrition similar to the "Milk is Cool" slogan can improve awareness as well as promote a nutrition message.

2.9 HOME CARE

A major concern for several of the individuals interviewed was the absence of a dietitian in the Division of Home Care and Support. At the inception of this program the need for a dietitian/nutritionist as a member of the Home Care and Support team was indicated. Nutritional awareness by the general public has further created a need for this service. Presently, the Visiting Homemaker and Home Care Nurse are attempting to deal with the nutritional needs of their clients which include:

- cooking for one or two
- poor appetites
- nutrition education for community groups
- the special nutritional needs of cancer patients
- preparation of food for those with eating difficulties
- the effect of medication on nutrition

2.10 PUBLIC HEALTH

The Nursing Division has expressed a need for nutritional and dietetic services as part of a broader public health team. The Division proposes these new services would coordinate the nutritional health care for infant-to-school-age children, Home Care and Support patients and the elderly in the community. Community nutritionists have traditionally been available to Public Health for in-service sessions and staff updates in the area of prenatal and infant feeding. The Nursing Division envisions a broader public health service reaching a larger portion of the general population.

2.11 CHANGING ROLE OF THE DISTRICT HOME ECONOMIST

The Department of Agriculture has employed a District Home Economist in five district offices throughout the Province. The role of the Home Economists, historically, was to respond to inquiries from the general public with respect to nutrition, as the Home Economist have an educational background in foods and nutrition. Presently, the District Offices' now employ Extension Marketing Representatives in place of the traditional Home Economist. The Extension Marketing Representative takes the lead in developing and delivering the market education program at the district level. The program includes a range of food and nutrition activities aimed at increasing public awareness with the main focus on the use of Island agricultural commodities.

Differing views have surfaced regarding the changing role of the District Home Economist. Several groups in the community have relied in the past on this resource to provide a much needed service to the community. As the role has shifted to a focus on marketing, the general population feel and the committee concurs

that the general population has lost a valuable source for information on food and nutrition. At present no alternative program has been developed to fill this tremendous gap. (See recommendation #1.)

The Department of Agriculture utilizes nutrition as a means by which some aspects of the program are presented to the public. Additional promotional programs within the Department of Agriculture are:

Dairy - Fluid Milk in Schools
Dairy - Milk and Milk Products programs developed
- by the P.E.I. Milk Marketing Board
Table Potatoes - Potato Promotion Program

Each of these programs works primarily with the promotion of Island products and, secondarily, utilizes nutrition as a means to promote a particular commodity. The Department of Agriculture through its promotion efforts develops many information packages geared to promote Island products. These packages have also doubled as an education tool in the school system.

2.12 SCHOOL EDUCATION

In an attempt to educate the greatest numbers in the general population, many groups expressed that this could be done effectively through the school curriculum. The question remains: How do we motivate teachers as well as students to realize the overall importance of nutrition to healthy lifestyles?

Repeatedly, those interviewed felt that an increased emphasis on nutrition education should be the responsibility of today's educators. However, difficulty arises in measuring how much emphasis each teacher places on nutrition. Concerns regarding health care are increasing and today's children must be informed about sex, drugs, alcohol, AIDS, etc.

Consideration must be given to the food products sold in schools today. An argument has surfaced that the schools cannot be held responsible for individual choice, some onus must be placed with the parents. Others feel that with the proper nutritional education the food choices may in fact shift to include a more nutritional diet in the future.

Public Health Nurses played a key role in the school system in the past. With additional nutritional and dietetic support to their division, nutritionists could develop a program to support nutrition education in schools assisting the Public Health Nurse in the school and teachers with resource material for the classroom teaching and individual consultation.

The Department of Agriculture, through the School Milk Program and national promotion material on pork and eggs, assists teachers who are interested with additional aids for food promotion and nutrition.

In looking at all facets of nutrition information getting into the school system, it is uncertain how much or what each child is actually receiving in terms of nutrition information. It appears that a coordination of this information with one clear message would assist students in grasping a much needed nutritional education for promoting healthy lifestyles.

2.13 OTHER IDENTIFIED GAPS

(a) A number of other areas have been discussed as perceived areas requiring access to dietetic or nutritional services. At this point in time Addiction Services has indicated their interest in adding a nutritional component to their particular program. The increasing awareness of the relationship between nutrition and recovery promotes the concept of nutrition in Addiction Services.

(b) The philosophy of the Island Hospice Association's program is to improve quality of life for the terminally ill through a multidisciplinary team. The special needs of the Hospice clients at home or in the palliative care unit requires the expertise of a nutritionist or dietitian to assist in improving the quality of life.

(c) Today's health professionals along with the Provincial Government have been working to assist in the deinstitutionalization of the Island population. It appears that services should be in place in the community for Islanders to remain at home with accessibility to needed services. Group homes, a means to deinstitutionalize a special needs group within the Island population, presently experience difficulty in dealing with the nutritional needs of their residents. Improvements in these areas are needed to promote the philosophy of deinstitutionalization.

(d) Over the past several years there has been a definite increase in the number of nutrition related seafood questions. The Department of Fisheries and Aquaculture are able to supply some information yet feel there is a lack of sufficient appropriate resource material. The Department's

mandate is to promote the increased consumption of Prince Edward Island seafoods through promotions and information. Nutritional information is included yet mainly as a selling point of the product and not as nutritional education. It is felt that we should utilize this opportunity as an educational tool for the general public and not solely as a selling point.

(e) The Community and Correctional Services facilities throughout the Province are responsible for the dietary needs of Islanders who are in custody. Presently the responsibility of these needs in closed custody facilities remains with the cook, nurse, and/or medical advisor. In open custody facilities these needs are the responsibility of the corrections staff. Concern for the nutritional input into food preparation as well as nutrition education has been expressed. Services on a consultation basis are presently available through Nutrition Services with the Department of Health and Social Services. The Department of Justice have expressed need for auditing the services provided through their facilities.

2.14 INCREASED DEMAND ON ACUTE CARE SERVICES

The dietetic and nutritional service departments in Prince Edward Island hospitals provide services in three main areas:

(i) Administration and Food Services
(ii) Clinical Services - both Inpatient and Outpatient
(iii) Education and Training

Varying degrees of emphasis are placed on these three areas depending on the specific acute care facility. The smaller facilities at this time have difficulty with the administration and staff development areas of their position due to increased demand by the general public through the hospital outpatient services. Hospital dietitians interviewed expressed a need for increased staff time to provide the necessary services. Clearer mandates for nutrition and dietetic services in the Province may define the clientele of outpatient diet counselling services more explicitly.

Proposed additional resources required for Prince Edward Island hospitals as indicated by the P.E.I.Hospital Association appear in Appendix 1.

2.15 COORDINATION OF ACUTE CARE SERVICES

Many hospital dietitians raised concerns regarding the lack of coordination of hospital dietary departments across the Province. In order to eliminate the duplication of tasks, an overall hospital dietetic coordinator could assist each facility by sharing information among hospitals in the development of policies and procedures, recipes, menus, scheduling, etc; in-service and continuing educational needs; planning and establishing priorities; and in developing standards and quality assurance. The smaller acute care hospital dietary departments have expressed a feeling of working in isolation and reproducing information that may already exist. Working together through a coordination of services might eliminate some problem areas and improve the delivery of dietetic services in the Province's hospitals. Acute care facilities presently have no coordinating link, a concern expressed by many of those who presented briefs to the Committee.

2.16 WORRIED WELL

One of the major groups in the general population was aptly referred to as the "worried well." If you are not presently ill, high risk pregnant woman, an infant or preschool child or an institutionalized senior you have little access to nutritional or dietetic services in Prince Edward Island. The increasing concern with cholesterol, obesity, etc., places an escalating demand on outpatient services which now have a six to eight week waiting list.

The growth of mixed nutritional messages have contributed to a large portion of the population becoming the worried well. To minimize public confusion and undue concern, efforts must be made to ensure as a minimum, that all government funded services provide consistent, non-conflicting nutritional messages to the public. Several departments are disseminating information on food and its relationship to nutrition. For differing messages, i.e. eggs or no eggs, to be emanating from the same government might lead the public to distrust all information. The Committee feels strongly that Provincially funded marketing strategies with nutritional overtones must not compromise the "soundness" of the nutritional messages.

2.17 PRIVATE SERVICES

An avenue of service that would diminish the workload of nutritionists and dietitians in the Province is the area of private practice. Two part-time private practice dietitians are presently operational in the Charlottetown area. Difficulty with lack of public awareness has caused a problem in tapping this source, and concern has been expressed with the fee required for this service. The services of a dietitian in private practice

are not covered by any medical insurance programs offered in the Province and therefore this creates a two-tiered system in that only those who can pay may access this service. However, in reality, many Islanders are presently paying for a form of diet counselling through programs like Nutri-System, Weight Watchers, etc.

3. CONCLUSION

The purpose of this study was to gain an awareness of the present and future needs for nutritional and dietetic services in Prince Edward Island. The information gathered from those interviewed and submissions received has indicated a number of areas in which there must be better coordination of existing services and increased resources to provide for the escalating demand for nutrition and dietetic services.

The availability of nutrition services to the general population is limited. Efforts should be made to create a program more accessible to the population as a whole. The benefits of improved nutrition are well known. Efforts must be made to utilize nutrition education/information as a preventative tool to assist in reducing the cost of health care in the Province and to create a program more accessible to the population as a whole.

Coordination has been addressed as a need in several areas of the health care system. Future direction in health care planning must provide an increased coordination of services in Prince Edward Island.

4. RECOMMENDATIONS

It is recognized that many deficiencies exist in the present availability of dietary and nutritional services to residents of Prince Edward Island. It is also recognized that resources are scarce and that all deficiencies cannot be addressed immediately. The Committee has, with these facts at the forefront, attempted to establish priorities and have developed a timetable for implementation of recommendations (Appendix 5). We firmly believe that the long term benefits to the health care system in improved health for Islanders, and the resultant savings in illness care costs will more than make up for the initial dollars invested.

1. That an additional nutritionist be employed by the Department of Health and Social Services* to:

   (a) Develop a comprehensive plan for the provision of nutritional education to the general population with particular emphasis on school children, teenagers and the "worried well" adult.

   (b) Access funding to develop and/or obtain educational printed and audio visual materials for marketing the nutritional message.

   (c) Work closely with all departmental staff, particularly Public Health Nurses, to assist them in their efforts to promote a healthy lifestyle.

*The Committee feels that the present Nutritional Services Programs for high risk pregnant women and infants within the Department of Health and Social Services should not be compromised in the development of new nutrition based programs.

(d) Conduct nutritional conferences and seminars for physicians, nurses, dietitians and nutritionists, homemakers and others who have a wide network of contacts with the public.

(e) Consider ways to utilize the expertise and resources available through the various marketing agencies affiliated with the departments of Agriculture and Fisheries to clarify the messages and complement roles.

(f) Provide consultation to various groups including: Addiction Services, Group Homes, Island Hospice, etc.

(g) Consider alternate ways to disseminate nutrition information, i.e. the use of nutritional assistants or aides.

(h) Develop a technological data base to provide information for future program planning and development.

2. That a part-time Nutrition and Dietetic Coordinator be employed by the Hospital and Health Services Commission to:

(a) Coordinate dietetic services in the acute carefacilities.

(b) Provide management and dietetic consultant services to the dietitians and food service managers in hospitals.

(c) Plan, coordinate and provide nutritional educational updates to dietary staff and other health professionals in acute care facilities.

(d) Advise Hospital and Health Services Commission on priority needs for nutrition and dietetic services in hospitals, both for inpatient and outpatient services.

(e) Conduct staffing and nutritional needs studies as required, with small acute care facilities being addressed immediately. (See Appendix 1 for anticipated staffing needs in this area.)

(f) Coordinate services with other departments and agencies providing nutrition and dietetic services on Prince Edward Island.

(g) Develop hospital standards and quality assurance in acute care facilities.

(h) Participate in the multidisciplinary planning team within the Hospital and Health Services Commission.

3. That a coordinating committee be established by the Department of Health and Social Services and the Hospital and Health Services Commission to bring together on a regular basis:

(a) The two dietetic principals with the Department of Health and Social Services, namely, the Nutrition Services Coordinator, and the Dietetic Consultant with Aging and Extended Care.

(b) The Nutrition and Dietetic Coordinator of the Hospital and Health Services Commission.

(c) Representatives from the P.E.I. Medical Society, the P.E.I. Dietetic Association, The Association of Nurses of P.E.I., The Department of Agriculture and the consumer.

Proposed Terms of Reference for the Coordinating Committee

(i) To monitor the delivery of nutrition and dietetic services within Provincial Government departments, crown corporations and agencies for the identification of trends, problem areas, gaps and/or duplication of services.

(ii) To provide a communicating link among the responsible agencies that would allow increased information sharing within the nutritional and dietetic disciplines.

(iii) To clarify ongoing nutritional and dietetic mandates within Provincial Government services.

(iv) To facilitate the coordination of nutritional messages released by the various programs within the Provincial Government.

(v) To contribute to the future program planning of nutritional and dietetic services.

(vi) To monitor the implementation of the recommendations in this report in this report, to evaluate the results of implemented changes, and if necessary, to re-evaluate priorities.

4. That part-time Food Service Manager positions be created to assist in food service administrative functions for the three larger manors and the Eric Found Health Center, allowing the Dietitians time to provide dietetic services to Home Care and Support, seniors in the community, and to oncology patients in the community.

5. That consideration be given to including the Correction Services Facilities and Group Homes under the Community Care Facilities Legislation, thus requiring that nutritional standards be met.

6. That funding be sought by the Hospital and Health Services Commission to establish a project creating a Cholesterol Center modelled on the principles of the P.E.I. Diabetes Education Center.

7. That the Coordination Committee seek funding for research and educational projects in the area of nutrition through Federal Government grants. Such projects might include:

   (a) Heart health education.

   (b) A high school nutrition project geared to changing the eating behavior of teenagers.

   (c) Dial-A-Dietitian hot line for the public to receive answers to nutritional issues.

   (d) Nutritional and/or dietetic services provided at local supermarkets.

8. That the Provincial Government create an incentive program to assist qualified private practice dietitians to establish a practice on Prince Edward Island which could alleviate some of the present demand on nutritional and dietetic government services.

REFERENCES

Archambault, Andre.

1988 "Cost Effectiveness in Health Care: Complexity of the Equation," Journal of the Canadian Dietetic Association 49:79-85

Epp, Jake.

1986 Achieving Health for All: A Framework For Health Promotion. Ottawa: Supply and Services Canada

Issac, Ronald M.

1988 "Nutrition Support Makes More Than Sense/Cents," Journal of the Canadian Dietetic Association 49: 89-91

Kaminski, Mitchell V.

1988 "Impact of Nutrition Support on Patient Outcome and Hospital Costs," Journal of the Canadian Dietetic Association 49: 85-88, 1988

Koop, Everett.

1988 The Surgeon General's Report On Nutrition and Health. Washington, DC: U.S. Government Printing Office

Law, Maureen.

1989 "Health Promotion, A Dynamic For Change," Health Promotion and Disease Prevention 61-67

Wynn, A. and Wynn M.

1979 Prevention of Handicap and the Health of Women. London: Routledge and Kegan Paul Ltd.

APPENDIX 1

HOSPITAL	CURRENT F.T.E.	CURRENT CLASSIFICATION	REQUIRED F.T.E.	PROPOSED CLASSIFICATION	DIFFERENCE F.T.E.
Queen Elizabeth	1.0	Manager	1.0	Manager	-
	1.0	Food Production Supervisor	1.0	Food Production Supervisor	-
	1.0	Dietetic Internship Co-Ordinator	1.0	Dietetic Internship Co-Ordinator	-
	2.4	Clinical Dietitians (Inpatients)	3.5	Clinical Dietitian (Inpatients)	1.1
	.6	Clinical Dietitian (Outpatients)	1.0	Clinical Dietitian (Outpatients)	.4
	6.0		7.5		1.5
Prince County	1.0	Manager	1.0	Manager	-
	.5	Clinical Dietitian (Inpatients)	1.0	Clinical Dietitian (Inpatients)	.5
	.5	Clinical Dietitian (Outpatients)	1.0	Clinical Dietitian (Outpatients)	.5
	2.0	(.2 FTE to Stewart Memorial)	3.0		1.0
Stewart Memorial		Services acquired from PCH staff			
King's Co. Memorial	0.4	Dietitian (all services)	0.6	Dietitian (all services)	0.2
Western	1.0	.75 FTE Food Service Supervisor .25 FTE Clinical Dietitian (both)	1.0	.40 Food Service Supervisor .60 Clinical Dietitian (both)	-
Community	0.25	Dietitian (all services)	0.75	Dietitian (all services)	0.5
Souris	0.5	Dietitian (all services)	0.5	Dietitian (all services)	-
	10.15		13.35		3.2
Provincial Hospital Co-Ordinator			1.0	Provincial Hospital Co-Ordinator	1.0

*Source: P.E.I. Hospital Association

APPENDIX 2

The P.E.I. Nutrition and Dietetic Needs Study Committee received formal submissions from the following.

*Department of Agriculture
*Division of Home Care & Support
*Nutrition Service (Department of Health & Social Services)
P.E.I. Food Technology Center
*P.E.I. Hospital Association
*P.E.I. Milk Marketing Board - Nutrition Communications Group
P.E.I. Home Economics Association
*P.E.I. Dietetic Association
O'Leary Community & Hospital Dietitian
Western Hospital Dietetics Department
Division of Aging and Extended Care
Department of Fisheries and Aquaculture
P.E.I. Division of Heart & Stroke Foundation of Canada
The Association of Nurses of P.E.I.
The Royal Canadian Legion
*The Department of Justice
P.E.I. Nurses' Union
Nursing Home Association of P.E.I.
P.E.I. Association of Community Living
Central School for Nursing Assistants
*U.P.E.I. Department of Home Economics
Canadian Cancer Society
Resident Care Worker Program - Holland College
*Public Health Nursing Division (Dept. of Health & Social Services)
*Island Hospice Association
P.E.I. Women's Institute
P.E.I. Lung Association
Department of Education
The College of Physicians & Surgeons of P.E.I.
Unit 1 School Board Office
P.E.I. Citizens Council of Drug Abuse
*Advisory Council on the Status of Women
Charlottetown Meals on Wheels
Montague Meals on Wheels
Kensington Meals on Wheels
Volunteer Services Department, Queen Elizabeth Hospital
Pit Company
Self Help for P.M.S.
Three submissions received from general public
*Addiction Services of P.E.I.

*Groups which expressed interest in formally meeting with Committee to discuss submitted briefs.

APPENDIX 3

The following individuals were interviewed regarding various aspects of nutritional and dietetic services in Prince Edward Island.

Betty Newson
Carolyn Mill
Frank Zakem
Linda MacQuillan
Elizabeth Grimmett
Nancy Reddin
Estelle Reddin
Jennifer Taylor
Rita Arsenault
Connie Cowan
Doris Anderson
Bernadette Allen
Susan Roberts
Carol Doyle
Kathy Evans
Lianne MacKay
Linda Smith
Linda Oulton
Sister Rita Matters
Dr. Herb Dickison
Brenda Bolger
Verna Bruce
Carl Cooper

DIETITIANS ON PRINCE EDWARD ISLAND

APPENDIX 4 (A)

	COMMUNITY	HOSPITAL	ADMINISTRATION	MANOR	OTHER
ALBERTON		1 Western			
O'LEARY	(1)	DUAL			
TYNE VALLEY		1 SMH			
SUMMERSIDE		2 PCH	1 PCH	(1) Wedgewood (1) S'Side Manor	
CHARLOTTETOWN	2 DHSS	6 QEH 1 Dr. Eric Fnd. 1 Hillsboro H.	1 QEH (FTE) 2 DHSS (1FTE)	(1) Sacred Heart (1) Beache Grove (1) Prov. Home for Aged (1) Prince Ed. Home	1-Diabetes Education 1-QEH Relief/Private Practice 1-UPEC/School of Nsg. 1-Freelancing 2-Retired 2-UPEI
MONTAGUE	1 DHSS (1 PTE)	1 KCMH (PTE)			
SOURIS	(1)	DUAL			

13 UNKNOWN - These dieticians are recent graduates from dietetic internship program or have chosen not to be employed at the present time.

Dietitian/Nutritionist Positions on Prince Edward Island by Region

APPENDIX 4 (B)

	CHARLOTTETOWN		MONTAGUE		SOURIS		OLEARY		SUMMERSIDE	
	No./Type of Position	Days Per Week	No./Type of Position	Days Per Week	No./Type of Position	Days Per Week	No./Type of Position	Days Per Week	No./Type of Position	Days Per Week
PEI Dept. of Health and Social Services (prenatal/infant nutrition	2 Com/Nt. 1 Program Coordinator	5 5	1 Com/Nt.	3.5	1 Com/Nt.	2.5	1 Com/Nt.	3.75	1 Com/Nt.	5
Diabetes Education Center (Diabetics only)	1 Clinical	3	1 course per year (2.5 da)	-	1 course per year (2.5 da)	-	1 course per year (2.5 da)		1 clinical	2
Division of Aging	4 Clin/ Admin	5	-	-	-	-	-	-	1 Clin/Admin	5 - -
Hospitals	3 Clinical 2 Admin 1 Intern-ship Dir. (QEH)	5 5 5	1 Clinical (Kings County)	2	1 Clin/ Admin (Souris Hospital)	2.5	1 Clin (Consults with Admin.)	1.25	1 Admin. 1 Clinical 1/2 time inpatients 1/2 time outpatients (Prince County Hospital)	5 5
University of P.E.I. (teaching and/or research)	2 1	5 2	-	-	-	-	-	-	-	-
PEI School of Nursing (teaching)	1	3								
Private Practice	Spa Polyclinic		1 evening/week 2 evenings/week							
Private Nursing Homes	2 Clin. Admin.	5								

KEY Com/Nt - Community Nutritionist, Clin. = Clinical Dietitian, Admin. = Administrative dietitian/Director

APPENDIX 5

5 YEAR BUDGETING PROPOSAL (1990-1995)

	1990-91	1991-92	1992-93	1993-94	1994-95
Dept of HHSC	DHSS Nutritionist $40,000	4 Part-time Food Service Managers 4C $15,000 = $60,000	Establish Cholesterol** Centre (1/2 time) $50,000		
	HHSC Coordinator part-time $25,000	Additional Resources acute care 1 FTE $40,000	Additional Resources acute care 1 FTE $40,000	as determined by staffing studies	
H&HSC	Pilot Project Cholesterol Centre (6 mos) $40,000	Additional Resources DHSS Community 5 FTE $20,000	Additional Resources DHSS Community 1 FTE $40,000	as determined by staffing studies	
Total New $	$105,000	$120,000	$130,000	----------	----------
Total On-going $	$105,000	$225,000	$355,000	$355,000+	

*These figures are estimates only as the co-ordinator will be expected to determine more specific resource requirements.

** This would depend on pilot results.

APPENDIX 6

OTHER IDENTIFIED ISSUES

Time restraints did not allow all issues raised to be addressed in this report. The following points were also discussed:

- Accreditation of Home Economics program at U.P.E.I.
- A standard nutrition component for the Bachelor of Education Program at U.P.E.I. and other post secondary programs offered through community colleges.
- Nutrition consultation with Food Bank on Prince Edward Island.
- Utilizing voluntary resources in the community.
- Research foundations for additional funding for nutrition education.
- Food safety and the impact it may have on nutritious food, i.e., Island Mussels.
- Utilization of P.E.I. Food Technology Centre to help manufacturers produce nutritious food and appropriate labelling.
- Establishing a Nutrition Council on P.E.I.